PTO/SB/17 (10-07)
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	E 40	Complete if Known								
Fees pursuant to t	05 (H.R. 4818)	Application Numbe r			10/026,188					
FEE	7 8 5008 B	Filing Date		Dece	December 21, 2001					
For FY 2008 Pr 2008			First Named In	First Named Inventor		Charles Zuker, Ph.D.				
\alpha \dt/				Examiner Name		Jo	John D. Ulm			
X Applicant claims small entity status. See 3 THADENTS				Art Unit			1649			
TOTAL AMOUNT	OF PAYMENT	(\$) 93	30.00	Attorney Dock	et No.	11	9-001210US			
METHOD OF PA	METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None X Other (please identify); Deposit Account										
Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.										
For the ab	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Ch	arge fee(s) indicated	below		Chai	rge fee(s) i	ndicated below, e	xcept for the filing fee			
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATI	ON									
1. BASIC FILING.	SEARCH, AND EXA	AMINATION FE	ES							
		IG FEES	SEARC	TH FEES	EXAM	INATION FEES				
Application Ty	pe Fee (\$	Small Entity Fee (\$)		Small Entity Fee (5)	Fee	Small Entity S) Fee (\$)	Fees Paid (\$)			
Utility	310	155	510	255	210	105	anne acide anno international through the contration			
Design	210	105	100	50	130	65	***************************************			
Plant	210	105	310	155	160	08 (
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0	***************************************			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims over 3 (including Reissues) Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Von-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Other: Request for Continued Examination Other: Petition for 3-month Extension of Time Other: Other: Other: Other:										
Other:										
SUBMITTED BY	- // /	1		Onestooned N						
Signature	Ans I	Alls		Registration No. (Attorney/Agent)	48.58	Telepi	hone (510) 337-7871			
Name (Print/Type)	p (0	Paul Little	page			Date	April 24, 2008			

PTO/SB/21 (12-07)
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TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

10/026,188 **Application Number** December 21, 2001 Filing Date Charles Zuker, Ph.D. **First Named Inventor** 1649 Group Art Unit John D. Ulm **Examiner Name** 110 001210119

Total Number of Pages in This Submission Attorney Docket Number 119-00121005									
ENCLOSURES (check all that apply)									
X Fee Transmittal Form	PTO-1449 Form	Interview Summary							
Fee Attached	Cited References	X Request for Continued Examination (RCE)							
X Amendment / Response	Copy of PCT Search Report	Request for Corrected Filing receipt							
Amendment/Response	Copy of EP Search Report	Copy of Filing Receipt –							
Affidavits/declaration(s)	CD, Number of CD(s)	Status Letter							
X Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Additional Enclosure(s) (please identify below):							
Receipt Acknowledgement Postcard	Terminal Disclaimer Small Entity Statement	supporting reference (Zhang)							
Information Disclosure Statement									
Certified Copy of Priority Document(s) Response to Missing Parts/	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.								
Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks								
SIGNATU	IRE OF APPLICANT, ATTORNEY, OR	AGENT							
Firm or Paul Littlepage, Reg. No. 48,581, Quine Intellectual Property Law Group, P.C.									
Signature Signature									
Date April 24, 2008									
CERTIFICATE OF MAILING									
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									

Typed or printed name	Kimberly Cheung		
Signature	Kimbula Chung	Date	April 24, 2008